

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 581428

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4	3					
5	3					
6	6					
7	6					
8	①					
9	①					
10	①					
11	①					
12	1					
13						
14						
15	3					
16	3					
17	6					
18						
19						
20						
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35						
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37						
38						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62	1					
63						
64						
65						
66						
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72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87	1					
88						
89						
90						
91						
92						
93						
94						
95						
96						
97	1					
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	7					
TOTAL CLAIMS	90					
TOTAL CLAIMS	97					